

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 12/18/2012

#0000222110 12.21.12
 Total Amount

Number	Line	Line#	Description	Withhold	Year	Month			
00319255	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06101	NASH GAYLE-001	2013	12
							0000096369	Nash, G. 11.19-1	300.00
Total For Voucher									300.00

VP

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00319255
 Voucher Style: Regular

Invoice Number: Nash, G. 11.19-11.21.12
 Invoice Date: 12/17/2012
 Total: 300.00

Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502


*Pay Terms: Pay Now

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000099443 

Location: 001 

*Address: 1 

NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Gross Amount: 300.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 12/17/2012 

Net Due: 12/17/2012

Discount Due:

Accounting Date:

Find | View All | First  1 of 1  Last

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:













Message will appear on remittance advice.

Pay Group:

*Handling: RE

*Netting: N 

Messages

Summary		Invoice Information		Payments		Voucher Attributes		Error Summary	
Business Unit: 66500		Invoice Number: Nash, G. 11.19-11.21.12							
Voucher ID: 00319255		Invoice Date: 12/17/2012							
Voucher Style: Regular		Total: 300.00							
Voucher Processing									
<input checked="" type="checkbox"/> Post Voucher <input type="checkbox"/> Close Voucher									
<input checked="" type="checkbox"/> Revalue Voucher <input type="checkbox"/> Delete Voucher									
Accounting Instructions									
*Accounting Template: STANDARD  Account At: Gross 									
Match Action									
*Status: Ready 									
<input type="checkbox"/> Pay UnMatched Voucher									
Transaction Currency									
*Source: Tables  *Currency: USD  Rate Type: CRHNT  Exchange Rate: 1.00000000									
Voucher Approval									
*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 									
Approval Rule Set: Payment Approval Rule Set 1 									
Self Billing Invoice									
*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number:									
Prepayment									
Prepayment Reference:  <input type="checkbox"/> Automatically Apply Prepayment <input type="checkbox"/> Postpone Withholding									
Letter of Credit									
Letter of Credit ID: 									
Tax Group									

Saved

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSESSTATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS-1768
	Year:	2011	Make:	Nissan	Model:	Allima


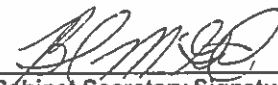
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:		Meeting with Staff in Santa Fe			
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	11/16/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	11/19/12	Time:	06:00 AM	Return Date: (month/day/yr)	11/21/12
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	2 @ \$135/day	\$ 270.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 300.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 300.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

<div style="text-align: center;">  Employee Signature </div> <div style="text-align: center;"> 12-4-2012 Date </div>	<div style="text-align: center;"> Supervisor/Bureau Chief Signature Date </div>
<div style="text-align: center;"> Division Director/Hospital Administrator (As per specific division requirements) </div> <div style="text-align: center;"> Date </div>	<div style="text-align: center;">  Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.) </div> <div style="text-align: center;"> 12/11/12 Date </div>